FOR INSTRUCTIONS, SEE BACK OF FORM File with: DISCLOSURE SUMMARY PAGE

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

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2011 JAH 20 AH 8: 44 110 FAXED

	July 10 to 1		1110 120
COMMITTEE NAME (Must be same as on Statement of O	ganization)		/(*)
Smith for Senate			FORM
IMPORTANT: Indicate by # type of committee you are reporting for (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Caubdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Bellot Issue	(2)State PAC (3)State Party	. `	DR-2 Rev. 12/2009) DISCLOSURE REPORT DISCLOSURE
		C	omm.
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	1 1	ogged to CO
Roby Smith	Republican		Denned
Office Sought State Schate	District (if Senate or House)		omputer
The reports are districted and the shift and of their said		L_	
sto reports are subject to possible civil and criminal penalties. Franchise committee, and the challengeson, for any other type of the challengeson of the challengeso	f committee, is the individual responsible of the state o	for filing ti	mely and accurate reports.
AM FILING A January 19, 2011	REPORT FOR (1) ELECTION	//BNNON /	
(report date)	Indicate by #	The same of	LECTION YEAR.
• • •	•		
CHECK IF AMENDMENT TO REPORT DATED	4	Local Comu	mittees, enter Date of Election
(You must continue to file reports until a DR-3 is file	sa.)	which Elect	ocal Committees, enter County in ion le held
STATEMENT OF CASH ON HAN	·=		
CASH ON HAND at the beginning of the reporting period. () committee. This amount MUST be the same as the of the lest reporting period or must be zero if this is	cash on hand at the end	\$	11,577.07
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Scho	dulo A) (*also see in-kind below)		2,245,00
Schedule F: Loans Received total (Attach Schedul	•		
Schedule H: Total Sales of Campaign Property (At			
(Schedule H applies to Candidates' Con			
	SUB-TOTAL	s	13,822,07
SUBTRACT TOTAL MONEY SPENT THIS PERIO			
Schedule B: Expenditures total (Attach Schedule B			12,389.21
Schedule F: Loan Repayments total (Attach Sched			
ASH ON HAND at the end of this reporting period (if final re			1,432.86

IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch			7.673.25
OUTSTANDING LOANS (From Schedule F - Attach Sched	•		2.200.00
ONSULTANT BREAKDOWN (Schedule G Attached?)	ww	•••••••••••••••••••••••••••••••••••••••	
ANDIDATE COMMITTEES ONLY:			_YES NO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Att	ach Cahadula M	_	
	aut ourbuile m)	5	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Smith for Scnate]		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
11/04/2010	CK#	Debra Stelk 4340 Edwards Ct Davenport, IA 52807		\$25.00	
11/01/2010	CK#	Caroline Ruhl 233 Fernwood Ave Davenport, IA 52803		100.00	
11/01/2010	ID# CK#	David Meier 15175 240th St Eldridge, IA 52748		250,00	
10/30/2010	CK#	Jane McMurray 5635 Dodds Dr Bettendorf, IA, 52722		25.00	
10/30/2010	CK#	David Ilten 1357 Northlawn Davenport, IA 52804		30.00	
10/29/2010	CK#	Janice Fowler 4504 Forest Rd Davenport, IA 52807		25.00	
10/29/2010	CK#	Julie Abramowski 2241 E 46th Pl Davenport, IA 52807		\$100.00	
10/29/2010	CK#	Kurt Dopler 2641 E Locust St Davenport, IA 52803		15.00	
10/28/2010	ID# CK#	Roger Stevens 4528 Winston Pl Bettendorf, IA 52722		50.00	
10/28/2010	CK#	Gary Loss 2603 E George Washington Blvd Davenport, IA 52803		25.00	
			SUB-TOTAL	s 645.00	

* Disclusions law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

of 2 (for Schedule A)

TOTAL, (If last page of this schedule)

Smith for Senate

AMENDING FORM

For instructions, See Back of Form SCHEDULE Reset Form CONTRIBUTIONS -- MONEY TAKEN IN MONETARY (Rov. 07/03) RECEIPTS (including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) **CHECK THIS BOX IF**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 668.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOM
10/28/2010	ID# CK#	Jenny Soenksen 4526 Winston Pl Bettendorf, IA 52722		\$50,00	
10/29/2010	CK#	Sharon Simmonds 4011 E 59th St Davenport IA 52807		50.00	
10/28/2010	ID# CK#	David Pratt 220 Sechtel Bettendorf, IA 52722		1000.00	
10/29/2010	ID# CK#	Bill Wallace 5155 Silver Spur Rd Bettendorf, IA 52722		500,00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
***************************************	CK#				
	ID# CK#				
	ID# CK#				
,		TOTAL (if lest pe	SUB-TOTAL ge of this schedule)	\$ 1600.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the **Disclosure law requires candidate committees to disclose the releasement of any release making a committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, onter "not applicable" in the relationship column.

\$ 2245.00

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

SCHEDULE B (Rev 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/04/2010	ID# CK#	Victory Enterprises 5200 SW 30th St Davenport, IA 52802	credit card fee	\$ 1.50
11/05/2010	ID# CK#	Victory Enterprises 5200 SW 30th St Davenport, IA 52802	signs	233.26
10/28/2010	ID# CK#	Victory Enterprises 5200 SW 30th St Davenport, IA 52802	radio	2523.00
0/28/2010	ID# CK#	Victory Enterprises 5200 SW 30th St Davenport, IA 52802	radio production	\$150,00
1/29/2010	ID# CK#	Roby Smith 2036 E 48th Street Davenport, IA 52807	repayment for incurred indebtedness	3900.00
1/03/2010	ID# CK#	Cody Conger 5901 Elmore Ave Davenport, IA 52807	campaign assistance	165.00
0/28/2010	CK#	USPS Main St Davenport, IA 52801	postage	16.80
1/04/2010	ID# CK#	Victory Enterprises 5200 SW 30th St Davenport, IA 52802	campign literature and website fees	1328.65
			SUB-TOTAL	\$ 8318.21
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 58A 402(3)(I).)

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Page 1	of	2	

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/16/2010	ID# CK#	Roby Smith 2036 E 48th Street Davenport, IA 52807	repayment for incurred debtedness	\$ 3800.00
1/04/2010	ID# CK#	Kari Smith 2036 E 48th Street Davenport, IA 52807	reimbursement for food for volunteers	105.00
1/30/2010	ID# CK#	Roby Smith 2036 E 48th Street Davenport, IA 52807	milcage (332 miles @ \$.50)	166,00
	ID#			
	CK#			
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	CK#			

\$ 4071.00

TOTAL (if last page of this schedule)

\$ 12,389.21

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2		of	2	
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FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Smith for Senate	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Reset Form		K THIS BOX IF DING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
10/29/2010	Republican Party of Iowa #9161 621 E 9th Street Des Moines, IA 50309		Auto Call	\$ 11,55	
10/28/2010	Republican Party of Iowa #9161 621 E 9th Street Des Moines, IA 50309	,	Mailing Printing	1,584.72	
11/01/2010	Republican Party of Iowa #9161 621 E 9th Street Des Moines, IA 50309		Bio SM	6,076.98	
			SUB-TOTAL	S	
			TOTAL (If fast	\$	
			page of this	7,673,25	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule E)

INSTRUCTIONS, SEE	BACK OF FORM	國代在3年5屆	SCHEDULE LOA
	be same as on Statument of Organization)		(Rev. 02/08) RECE
th for Scnate		Mary I	CHECK THIS B
	TE money loaned to the committee which is deposited in the ROM LAST REPORTING PERIOD \$ 2,200.00	e committee account.	AMENDING FOR
	TOTAL CONTINUE PERIOD	and being from court	idate's personal funds)
(Original source o	ans received <u>this</u> revolving Pendo floen, such as a bank, must be shown if a third party is in		T AMOUNT OF LOAN
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Enderser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	
			\$
-			
1		•)
RT 8 - MONETARY L	OAN REPAYMENTS MADE THIS REPORTING PERIOD	TOTAL (PART I)	\$
(Loans forgiver	OAN REPAYMENTS MADE THIS REPORTING PERIOD IN MUST be reported on Schedule E — In-kind Centributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	\$AMOUNT REPAID
RT # - MONETARY L (Loans forgiver) DATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE THIS REPORTING PERIOD IN must be reported on Schedule 5 — In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ole)
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, !! Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicate the candidate of	ole)
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH	RELATIONSHIP TO CANDIDATE" (If Applicate of the candidate	ole)
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, !! Applicable)	RELATIONSHIP TO CANDIDATE" (If Applicate of the candidate	\$